

§ 152.40

any State that fails to maintain funding levels for existing State high risk pools as required, and approved by HHS, under paragraph (a) of this section.

§ 152.40 Relation to State laws.

The standards established under this section shall supersede any State law or regulation, other than State licensing laws or State laws relating to plan solvency, with respect to PCIPs which are established in accordance with this section.

Subpart H—Transition to Exchanges

§ 152.44 End of PCIP program coverage.

Effective January 1, 2014, coverage under the PCIP program (45 CFR part 152) will end.

§ 152.45 Transition to the exchanges.

Prior to termination of the PCIP program, HHS will develop procedures to transition PCIP enrollees to the Exchanges, established under sections 1311 or 1321 of the Affordable Care Act, to ensure that there are no lapses in health coverage for those individuals.

PART 153—STANDARDS RELATED TO REINSURANCE, RISK CORRIDORS, AND RISK ADJUSTMENT UNDER THE AFFORDABLE CARE ACT

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153.10 Basis and scope.

153.20 Definitions.

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153.100 State notice of benefit and payment parameters.

153.110 Standards for the State notice of benefit and payment parameters.

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153.200 [Reserved]

153.210 State establishment of a reinsurance program.

153.220 Collection of reinsurance contribution funds.

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153.230 Calculation of reinsurance payments made under the national contribution rate.

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153.234 Eligibility under health insurance market rules.

153.235 Allocation and distribution of reinsurance contributions.

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153.250 Coordination with high-risk pools.

Subpart D—State Standards Related to the Risk Adjustment Program

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153.310 Risk adjustment administration.

153.320 Federally certified risk adjustment methodology.

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153.340 Data collection under risk adjustment.

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153.360 Application of risk adjustment to the small group market.

Subpart E—Health Insurance Issuer and Group Health Plan Standards Related to the Reinsurance Program

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Subpart F—Health Insurance Issuer Standards Related to the Risk Corridors Program

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153.510 Risk corridors establishment and payment methodology.

153.520 Attribution and allocation of revenue and expense items.

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153.600 [Reserved]

153.610 Risk adjustment issuer requirements.

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153.630 Data validation requirements when HHS operates risk adjustment.

Subpart H—Distributed Data Collection for HHS-Operated Programs

153.700 Distributed data environment.